NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Drug Take-Back Bin Application

Rev (07/29/2026)

SB 231 (83rd Session (2025) authorizes a Nevada licensed pharmacy to apply for a drug take-back bin for the collection and destruction of home-generated pharmaceutical waste. A pharmacy that applies for a drug take-back bin must be in Nevada and must comply with all applicable state and federal laws and regulations relating to the collection of home-generated pharmaceutical waste for destruction in secure drug take-back bins.

Please ensure all requirements of the application are completed before submission. The pharmacy must be registered with the Drug Enforcement Agency as a "Collector" to receive a drug take-back bin.

The fees associated with the installation and maintenance of the secure drug take-back bin are covered by grant funding which expires 06.30.2027. If alternative funding by the state is no longer available, the pharmacy is responsibility for the payment obligations going forward if the pharmacy elects to continue receiving such services.

Definitions

- "Collector" means an entity that is: **(**1) Authorized by and registered with the Drug Enforcement Administration to receive a controlled substance for the purpose of destruction; and (2) In good standing with the Board.

- "Home-generated pharmaceutical waste" means a pharmaceutical that is no longer wanted or needed by the consumer, including, without limitation, in the form of pills, liquids, inhalers, topical creams, suppositories or patches.

- "Local law enforcement agency" means: **(**1) The sheriff's office of a county; (2) A metropolitan police department; or (3) A police department of an incorporated city.

- "Maintain" means to own, lease, operate or otherwise host a secure drug take-back bin.

- "Pharmaceutical" means a drug intended for human or veterinary use, regardless of whether the drug is sold with or without a prescription. The term includes, without limitation, controlled substances listed in schedule II, III, IV or V. The term does not include controlled substances listed in schedule I.

- "Secure drug take-back bin" means a collection receptacle as described in 21 C.F.R. § 1317.75.

- "Solid waste management system" has the meaning ascribed to it in NRS 444.500.

Please submit completed application to dzarley@pharmacy.nv.gov. Nevada statutes and regulations can be accessed at www.bop.nv.gov.

For questions contact us at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

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Section 1: General Information

Pharmacy Name: _____

Pharmacy License #: _____ Pharmacy DEA #: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: _____ Contact Email: _____

Website: _____

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): _____

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): _____

Section 2:	**Yes**	**No**
1. Does your pharmacy currently have a Drug Take-Back bin?		
2. Is your pharmacy registered with the Drug Enforcement Agency as a "Collector"?		
If you answered "Yes" to #2, provide a copy of DEA Registration indicating the pharmacy is registered as a "Collector". **If you answered "No" to #2, please apply for your DEA Registration as a "Collector" before submitting this application.**		

Section 3: Statement of Responsibility - MUST BE COMPLETED by the Managing Pharmacist (NAC 639.)

Statement of Responsibility

1. *I am the _____ (title) for _____ (name of Pharmacy) and in that capacity, I am authorized to speak on behalf of the Pharmacy.*
2. *I understand the pharmacy must maintain an active DEA "Collector" registration to possess a secure drug take-back bin.*
3. *I understand and acknowledge that the secure drug take-back bin must be placed in a location that is regularly monitored by employees of the collector as described in 21 C.F.R. §§ 1317.40.*
4. *I understand and acknowledge that conspicuous signage must be posted on the secure drug take-back bin that clearly notifies customers as to the substances that are and are not acceptable for deposit into the bin.*
5. *I understand and acknowledge that public access to the secure drug take-back bin is limited to hours during which employees of the collector are present and able to monitor the operation of the secure drug take-back bin.*
6. *I understand and acknowledge that I must regularly inspect the secure drug take-back bin and the area surrounding the secure drug take-back bin for potential tampering or diversion.*
7. *I understand and acknowledge that the pharmacy staff should establish a process to check the kiosk accumulation box without removing the liner. This should be done multiple times each week to avoid over-filling. It is the responsibility of the pharmacy to determine the appropriate corrective and preventative actions in the event of an overfill.*
8. *I understand and acknowledge that I must maintain a record of inspections that must: (1) Be documented in writing or electronically and may be combined with records required to be maintained by other state or federal laws or regulations; (2) Include the date and time of each inspection; and (3) Include the initials of the employee who conducted each inspection;*
9. *I understand and acknowledge that I must retain each record of inspections and any other record relating to the secure drug take-back bin required by state or federal laws or regulations for at least 2 years after the date of the event to which the record pertains.*
10. *I understand and acknowledge that I must retain a log for purposes of tracking each liner that is placed in and removed from the kiosk.*
11. *I understand and acknowledge that Stericycle provides liners and boxes approved under U.S. Department of Transportation Special Permit # 21489 for the shipment of pharmaceuticals collected in a kiosk.*
12. *I understand and acknowledge that all employees who perform Department of Transportation (DOT) pre-transportation functions like preparing liners and boxes for shipment must be trained. Only trained pharmacy staff will perform pre-transportation functions by packaging kiosk boxes for common carrier shipment.*
13. *I understand and acknowledge that DOT trained pharmacy employees will perform pre-transportation functions by packaging kiosk boxes for common carrier shipment.*
14. *I understand and acknowledge that I must retain a copy of the DOT Special Permit 21489 on file in the pharmacy.*
15. *I understand and acknowledge that I must notify at least one local law enforcement agency of any suspected or known tampering or theft or significant loss of controlled substances that occurs while the secure drug take-back bin is under the control of the collector not later than **1 business day** after the date on which the tampering, theft or significant loss is suspected or discovered.*
16. *I understand and acknowledge that a "Collector" shall not receive compensation from a customer of the collector to maintain a secure drug take-back bin.*
17. *I understand the grant funding for the installation and maintenance of the drug take-back bin expires on 06.30.2027. There is no guarantee funding will be extended. If we would like to continue receiving such services, we will assume responsibility for the payment obligations going forward.*

_____

Print Name of Authorized Person

_____ _____

Original signature of Authorized Person (copies or stamps not accepted) *Date*